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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/966,635			ing Date 28/2001	☐ To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			HER THAN ALL ENTITY
FOR NUMBER			UMBER FI	LED NUMBER EXTRA		Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
SEARCH FEE (37 CFR 1.16(k), (f), or (m))			N/A		N/A]	N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			mir	ius 20 = *		1	x \$ =		OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	ets of pap 250 (\$125 tional 50	ation and drawin er, the applicatio for small entity) sheets or fractio a)(1)(G) and 37	on size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.										TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMIS HIGHEST CLAMIS CLAMIS											
AMENDMENT	12/18/2006	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 16	Minus	·· 20	= 0]	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	• 2	Minus	3	= 0]	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	=	1	x \$ =		OR	x \$ =	
Δ Ω	Independent (37 CFR 1.16(h))	•	Minus	***	=	ı	x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))					ı			l	<u> </u>	
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR	I	
TOTAL ADD'L FEE									OR	TOTAL ADD'L FEE	
* If the entry is column 1 is less than the entry in column 2, write 0" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. *The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. *This collection of Information is received by 37 CFE 1.16 in Information is received in a benefit by the quiltic which is to file (and by the ISPETO to											

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